



Commonwealth
of Massachusetts

Form CPF M 102: Campaign Finance Report

Municipal Form

Office of Campaign and Political Finance

ELECTIONS
COMMISSION

2015 JAN 20 A 9:32

File with:
City or Town Clerk or Election Commission

Please print or type all information, except signatures.

Fill in dates:

Reporting Period Beginning Month 1 Date 1 Year 2014 Ending Month 12 Date 31 Year 2014

Type of report: (Check one)

☐ 8th day preceding preliminary ☐ 8th day preceding election ☐ 30 day after election ☒ year-end report ☐ dissolution

Robert F. Sullivan

Full Name of Candidate (if applicable)

City Councilor (At-large)

Office Sought and District

4 Rock meadow Drive

Residential Address

Brockton MA 02301

Tel. No. (optional)

Committee to Elect Robert Sullivan

Committee Name

Robert E. Sullivan

Name of Committee Treasurer

4 Rock meadow Drive

Committee Mailing Address

Brockton MA 02301

Tel. No. (optional)

SUMMARY BALANCE INFORMATION:

Line 1: Ending balance from previous report \$ 2272.12

Line 2: Total receipts this period (page 2, line 11) \$ 15238.00

Line 3: Subtotal (line 1 plus line 2) \$ 17510.12

Line 4: Total expenditures this period (page 3, line 14) \$ 7397.78

Line 5: Ending balance (line 3 minus line 4) \$ 10112.34

Line 6: Total in-kind contributions this period (page 4) \$ 0.00

Line 7: Total (all) outstanding liabilities (page 4) \$ 0.00

Line 8: Name of bank(s) used Rockland Trust

Affidavit of Committee Treasurer:

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury:

Robert E. Sullivan
Treasurer's signature (in ink)

1-19-15
Date

FOR CANDIDATE FILINGS ONLY: (CANDIDATE MUST SIGN BELOW)

Affidavit of Candidate: (check 1 box only)

☒ Candidate with Committee and no activity independent of the committee

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period.

☐ Candidate without Committee OR Candidate with independent activity filing separate report

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury:

Robert E. Sullivan
Candidate signature (in ink)

1-19-15
Date

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

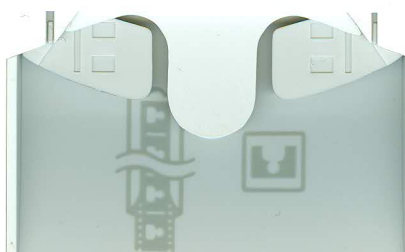
This page may be copied if additional pages are required to report all receipts. Please include your committee name and a page number on each page.

Date Received	Name and Residential Address (alphabetical listing required)	Amount		Occupation & Employer (for contributions of \$200 or more)
5/14	Albarnese, Matthew 20 Copper Beech Cir - West Bridgewater MA	100	00	
4/15	Andrade, Roy 4 Trinity Ln - Lakeside MA	200	00	owner / Executive Everett's Auto
6/5	Bearse, William 670 Pleasant St - Braintree MA	100	00	
5/15	Bertarelli, Lisa 100 Turner Dr - Bridgewater MA	100	00	
5/15	Bobst, Keith 94 Bates Rd - Braintree MA	100	00	
5/5	Bonania, Paul 228 West Pond St - East Bridgewater MA	100	00	
5/28	Bourne, Kerry 22 Brentwood Dr - N Easton MA	200	00	House-wife
5/15	Braintree Firefighters Peoples Committee PO Box 80491 Braintree MA	500	00	Fire P.A.C. (Local)
5/14	Braintree Police Association 7 Commercial St - Braintree MA	250	00	Police P.A.C. (Local)
4/29	Burke, James 48 North Pearl St - Braintree MA	100	00	
4/30	Carchidi, J. Edward PO Box 175 West Bridgewater MA	100	00	
5/15	Carney, Christopher PO Box 240 South Easton MA	500	00	owner / Executive Carney Environmental
5/15	Carney, Maura 122 Fairview Ave - Braintree MA	100	00	
5/7	chrzanowski, Jeffrey 35 Shoreline Way - Plymouth MA	100	00	
5/15	clancy, Nadia 113 Leaf Ln - East Bridgewater MA	100	00	
Line 9: Total receipts in excess of \$50 (or listed above)				Enter on page 1, line 2
Line 10: Total receipts \$50 and under* (not listed above)				
Line 11: TOTAL RECEIPTS IN THE PERIOD				

* If you have itemized receipts of \$50 and under include them in line 9. Line 10 should include only those receipts not itemized above.

Page 2

* Page # 1 of 5 *



SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

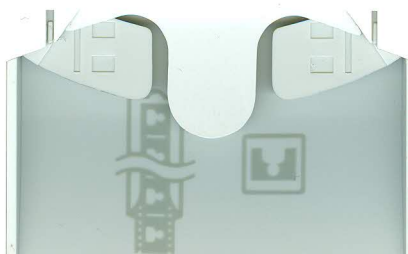
This page may be copied if additional pages are required to report all receipts. Please include your committee name and a page number on each page.

Date Received	Name and Residential Address (alphabetical listing required)	Amount		Occupation & Employer (for contributions of \$200 or more)
10/26	Clapton, Charles 7113 Richard Casey Court Alexandria, VA	200	00	Attorney / U.P. Pharmaceutical Research & Manufacturers of America
5/15	Crawford, Helen 332 Plain St - Braintree MA	100	00	
5/15	Cribben, Rita 48 North Belcher Ave - Braintree MA	200	00	Retired
5/15	Crowley, Richard 14 Bellevue Rd - Quincy MA	200	00	Code Enforcement Town of Randolph MA
5/15	Cummins, Joseph 50 Rangleley Ave - Braintree MA	100	00	
5/16	Demario, Robert 34 Rock Meadow Dr - Braintree MA	100	00	
5/15	Donohue, Mary 511 Ash St - Braintree MA	100	00	
5/15	Francis, Mary 31 Leah Drive - Braintree MA	100	00	
5/15	Frankio, Eugene 18 Rockelle St - Braintree MA	100	00	
4/30	Freccero, Beverly 21 Calypso Dr - Braintree MA	100	00	
5/15	Gannon, David 4 Peach Hill Dr - Wallingford CT	200	00	General Manager Independent Outdoor Network
5/15	Gomes, Emanuel 10 Bridgewater Ave - Bridgewater MA	200	00	Police Officer City of Braintree
5/11	Grimaldi, Joseph 7 Blue Heron Dr - South Easton MA	100	00	
5/15	Herbert, Eileen 58 Michael Rd - Bridgewater MA	100	00	
5/13	Ippolito, Ginnine 17 Lisa Drive - Braintree MA	100	00	
Line 9: Total receipts in excess of \$50 (or listed above)				Enter on page 1, line 2
Line 10: Total receipts \$50 and under* (not listed above)				
Line 11: TOTAL RECEIPTS IN THE PERIOD				

* If you have itemized receipts of \$50 and under include them in line 9. Line 10 should include only those receipts not itemized above.

Page 2

* Page # 2 of 5 *



SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

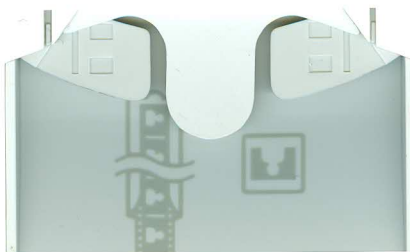
This page may be copied if additional pages are required to report all receipts. Please include your committee name and a page number on each page.

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
5/15	Kennedy, Thomas 92 Winthrop St - Brockton MA	100 00	
5/20	Kings, Douglas 115 Main St - N Easton MA	500 00	owner/ Executive DAK Builders
5/15	Koretz, Barry 142 Crescent St - Brockton MA	200 00	owner/ Executive BKA ASSOCIATES
5/12	Luzzi, Anthony 80 Country Club Ln - Brockton MA	100 00	
5/15	Maker, Bryan 47 Cherry St - Halifax MA	100 00	
5/15	Macmillan, Christopher 68 Cross St - Brockton MA	100 00	
5/5	McLaul, Shawn 221 Oak St - Brockton MA	100 00	
4/29	McLuskey, John PO Box 2764 Duxbury MA	100 00	
5/5	McDermott, Carmel 85 Turner St - Brighton MA	100 00	
5/15	McNulty, Arthur 44 Tiffany Circle - West Bridgewater MA	200 00	Police Officer City of Brockton
5/1	McVeish, John 79-1 Skeple Chase Cir - Attleboro MA	100 00	
5/1	Millett, George 115 Sackem Rock Ave - East Bridgewater MA	100 00	
5/19	Mone, Margaret 10 Braemar Rd - Brockton MA	200 00	Nurse Brockton Neighborhood Health
5/10	Monteith, Patricia 29 Rock Meadow Dr - Brockton MA	75 00	
4/3	Murphy, Robert 183 Boylston St - Brockton MA	200 00	self employed Real Estate Developer
Line 9: Total receipts in excess of \$50 (or listed above)			
Line 10: Total receipts \$50 and under* (not listed above)			
Line 11: TOTAL RECEIPTS IN THE PERIOD			Enter on page 1, line 2

* If you have itemized receipts of \$50 and under include them in line 9. Line 10 should include only those receipts not itemized above.

Page 2

* page #3 of 5 *



SCHEDULE A: RECEIPTS

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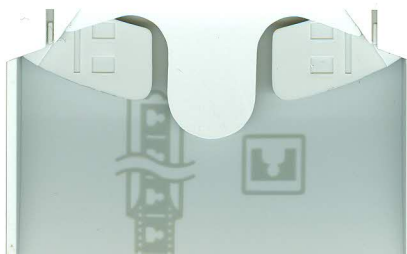
This page may be copied if additional pages are required to report all receipts. Please include your committee name and a page number on each page.

Date Received	Name and Residential Address (alphabetical listing required)	Amount		Occupation & Employer (for contributions of \$200 or more)
5/19	Noble, David 22 Riverview Pl - Scituate MA	500	00	Executive Baypointe / Heights Crossing Nursing Facility
5/9	Noone, Virginia 203 Falconer Ave - Braintree MA	100	00	
4/30	Murray, Joseph 67 Colgate Rd - Braintree MA	100	00	
5/15	O'Donnell John 30 Rock meadow Dr - Braintree MA	100	00	
7/22	Paone, Nicholas 1 Red Mill Rd - South Easton MA	100	00	
5/14	Patel, Jiten 495 Westside Dr - Braintree MA	100	00	
5/2	Petkunas, Winifred 17 Reed Circle - Braintree MA	100	00	
5/15	Reddin, Linda 19 Wellington St - Braintree MA	100	00	
5/20	Road, Anne 450 Rockland St - Braintree MA	100	00	
4/30	Russell, David Jr. 314 West St - Braintree, MA	200	00	owner / Executive Russell-Pira Funeral Home
5/15	Sheehan, Shawn 60 Elmer Rd - South Weymouth, MA	100	00	
5/2	Slavinsky, Stephen 370 Highland Ave - Randolph MA	100	00	
5/6	Smith, Mackenzie 154 Elm St - South Easton MA	250	00	Retired
5/8	Smith, Ralph 1019 Crescent St - Braintree MA	150	00	Self employed Real Estate Developer (Gratten Realty)
5/16	Spillane, Cheryl 67 Edson St - Braintree MA	100	00	
Line 9: Total receipts in excess of \$50 (or listed above)				Enter on page 1, line 2
Line 10: Total receipts \$50 and under* (not listed above)				
Line 11: TOTAL RECEIPTS IN THE PERIOD				

* If you have itemized receipts of \$50 and under include them in line 9. Line 10 should include only those receipts not itemized above.

Page 2

* Page # 4 of 5 *



SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

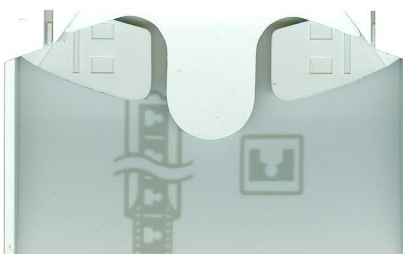
This page may be copied if additional pages are required to report all receipts. Please include your committee name and a page number on each page.

Date Received	Name and Residential Address (alphabetical listing required)	Amount		Occupation & Employer (for contributions of \$200 or more)
5/15	Stadelmann, Joseph 56 Cherry St - Braintree MA	100	00	
5/14	Stadelmann, William 200 Wenn St - Tavernier FL	250	00	Owner/Executive Stadelmann Electric Co.
5/17	Torrentino, Louis PO Box 3608 Braintree MA	100	00	
5/15	Taylor, Scott 78 Linwood St - Braintree MA	100	00	
7/8	Twohig, John 90 Samuel Ave - Braintree MA	200	00	Attorney Gailston-Storrs
5/2	Vaughn, Richard 78-7 Belmont Ct - Braintree MA	100	00	
5/15	Vlacio, Kathleen 6 Hollis Rd - South Easton MA	250	00	Retired
8/4	Zeoli, Anthony 14 Snell Ave Braintree MA	138	00	
5/15	Mills, Donald 792 West St - Mansfield, MA	100	00	
Line 9: Total receipts in excess of \$50 (or listed above)		10463	00	
Line 10: Total receipts \$50 and under* (not listed above)		4775	00	
Line 11: TOTAL RECEIPTS IN THE PERIOD		15238	00	Enter on page 1, line 2

* If you have itemized receipts of \$50 and under include them in line 9. Line 10 should include only those receipts not itemized above.

Page 2

* Page #5 of 5 *



SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

This page may be copied if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.

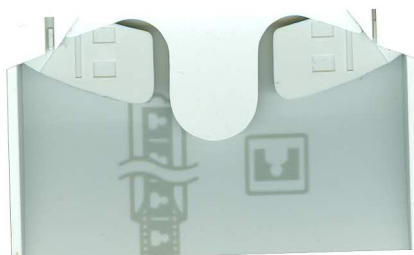
Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount	
4/2/14	Brookton Blue Dog Shelter	1014 Pearl St. Brookton MA	city Fundraiser; Donation	100	00
8/31/14	Brookton Day Nursery	243 crescent St. Brookton MA	city Event; Fundraiser Tickets	120	00
9/15/14	Brookton Democratic City Committee	PO Box 7566 Brookton MA	city Event; Ticket / Ad	70	00
10/14/14	Brookton Democratic City Committee	PO Box 7566 Brookton MA	candidate donation	100	00
5/5/14	Brookton High School	470 Forest Ave. Brookton MA	Drama club Event; Ad	100	00
10/23/14	Brookton NAACP	PO Box 1535 Brookton MA	city Event; Fundraiser Ticket	150	00
8/31/14	Brookton Neighborhood Health Center	63 main St. Brookton MA	city Event; Fundraiser Tickets	300	00
12/5/14	Cape Verdean Association	575 N. Montello St. Brookton MA	Fundraiser Donation (Volcano Relief)	100	00
8/26/14	Committee to Elect Deb Golders	PO Box 67 Newton MA	candidate donation	100	00
8/16/14	Committee to Elect Martha Cookley	46 Coolidge Rd. Medford, MA	candidate donation	100	00
8/29/14	Committee to Elect Matt McDonough	335 Careswell St. Marshfield, MA	candidate donation	100	00
4/11/14	Dollar Stores (Dollar Tree)	700 Crescent St. Brookton MA	Campaign supplies constituent Gifts (For B.H.S. students)	54	19
8/11/14	Eagle Flats	166 King Street Cohasset MA	Campaign supplies constituent Gifts (for city picnic)	480	00
6/9/14	Golf Tools LLC	22 Lafayette Dr. Marlborough MA	city political event ticket	138	00
3/15/14	Hart Brothers Catering	90 Reservoir Park Rockland MA	Campaign event; supplies / food	375	00
7/14/14	Just Checkins IN	PO Box 145 Brookton MA	city Fundraiser Donation (John Wildron memorial)	100	00
Line 12: Expenditures over \$50					
Line 13: Expenditures \$50 and under*					
Line 14: TOTAL EXPENDITURES					

Enter on page 1, line 4

*If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

Page 3

* Page #1 of 3 *



SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

This page may be copied if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.

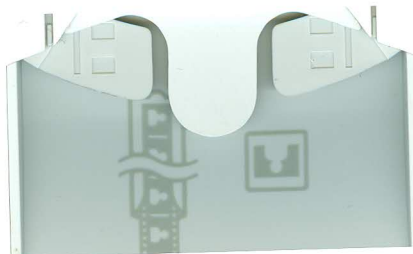
Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
12/29/14	John's Greenhouse	517 Copeland St. Brookton MA	candidate services (flowers: funeral)	152 81
2/22/14	MA Democratic Party	77 Summer St. #1000 Boston MA	Delegate Fee (state convention)	75 00
7/12/14	ocean state Job Lot	85 Torrey St. Brookton MA	constituent Giveaway (Fags for Elderly to BHA Highrise)	170 00
6/9/14	perfect print	230-R Belmont St. Brookton MA	Campaign printing	253 12
8/27/14	Petti, mark	204 Belmont St. Brookton MA	Campaign supplies/ (constituent gifts)	125 00
4/24/14	Postmaster	Brookton MA	Postage: candidate campaign mailings	147 00
6/10/14	Postmaster	Brookton MA	Postage: candidate campaign mailings	147 00
12/15/14	Postmaster	Brookton MA	Postage: candidate campaign mailings	176 40
4/23/14	Stonehill colleg	320 Washington St. Easton MA	Fundraiser Event: Tickets	300 00
10/18/14	Stonehill colleg	320 Washington St. Easton MA	Fundraiser Event: Tickets	120 00
2/22/14	Sullivan, Robert	4 Rock meadow Dr. Brookton MA	candidate - Reimbursement (printing/mailings)	181 07
6/20/14	The Frame man	1195 N. main St. Randolph MA	constituent services/ campaign supply	110 19
6/27/14	The Frame man	1195 N. main St. Randolph MA	constituent services/ campaign supply	180 55
5/30/14	Thorny Lea Golf club	159 Torrey St. Brookton MA	Fundraiser for candidate (food / services)	1274 75
4/24/14	Trinity Catholic Academy	631 N. main St. Brookton MA	city Fundraiser Event: Tickets	150 00
10/23/14	T2C Advertising	washington St. Easton, MA	candidate Ad (Brookton save)	78 00
Line 12: Expenditures over \$50				
Line 13: Expenditures \$50 and under*				
Line 14: TOTAL EXPENDITURES				

Enter on page 1, line 4

*If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

Page 3

* page # 2 of 3 *



SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

This page may be copied if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.

[illegible]

*If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

* Page # 3 of 3 *

Page 3

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
—	—	—	—	0.00
Line 15: In-kind over \$50				0.00
Line 16: In-kind \$50 and under				0.00
Line 17: Total In-kind				0.00

Enter on page 1, line 6

* If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
—	—	—	—	0.00
Line 18: OUTSTANDING LIABILITIES (ALL)				0.00

Enter on page 1, line 7

This page may be copied if additional pages are required to report all activity. Please include your committee name and a page number on each page.

